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S.D. SEC. OF STATE

STATE OF SOUTH DAKOTA
Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER **Chamberlain/Oacoma SUN**		2. DATE **9-27-16**
3. FREQUENCY OF ISSUE **Weekly**	3A. NO. OF ISSUES PUBLISHED ANNUALLY **52**	3B. ANNUAL SUBSCRIPTION PRICE $ **40.00**
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) **116 S Main St., Chamberlain, SD 57325**		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) **PO Box 518 Presho, SD 57568**		
6. FULL NAME OF PUBLISHER: **Lucy & Kim Halverson**		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.		
FULL NAME **K.L.H., LLC**		COMPLETE MAILING ADDRESS **PO BOX 518, PRESHO SD 57568**
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form. **N/A**		

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)	1400	1400
B. PAID AND/OR REQUESTED CIRCULATION 1. Sales through dealers and carriers, street vendors, and counter sales.	630	620
2. Mail Subscription (Paid and or requested)	591	603
3. Paid Electronic Copies	27	27
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)	1248	1250
D. FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS	16	16
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	55	55
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	1319	1321
F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing	50	50
2. Return from News Agents	31	29
G. TOTAL (Sum of E, F1 and F2 – Should equal total shown in A.)	1400	1400

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public

I swear that the statements made by me are true, correct, and complete:

Lucy Halverson — (Signature)

Publisher — (Title)

State of South Dakota)
§
County of Lyman)

Sworn to before me this 21 day of Oct, 2016

Notary Public

My commission expires:

(Seal)

MICHAEL J SPRENGER
NOTARY PUBLIC
SOUTH DAKOTA
SEAL

MICHAEL J. SPRENGER
NOTARY PUBLIC - SOUTH DAKOTA
My Commission Expires
March 27, 2022

Form: SOS REC 05, 9/2016